

# Referral Form

To be completed by services wishing to refer a young person to headspace Wonthaggi.

## Referral Criteria and Guidance

headspace Wonthaggi is a free, youth-friendly and confidential service available to young people aged 12-25 years, in Wonthaggi and surrounding areas. The services available at headspace Wonthaggi include:

- Youth-Friendly GPs
- Alcohol and Drug Support
- Psychologist services  
(under a GP Mental Health Treatment Plan)
- Counselling
- Vocational support

headspace Wonthaggi is a full-service centre, which works in conjunction with outposted services in Cowes, Foster, Korumburra, Leongatha and Wonthaggi.

headspace Wonthaggi works with young people experiencing mild to moderate mental health issues such as stress, anxiety, depression or grief.

headspace Wonthaggi is not an acute mental health / crisis service. If you have any immediate concerns regarding the safety of a young person, please call:

- Kids Helpline: 1800 551 800
- Emergency Services: 000
- Lifeline: 13 11 14

Please return the completed referral form to:

headspace Wonthaggi  
5b Murray Street  
Wonthaggi, Vic 3995

Phone: (03) 5671 5900

Email: [referrals@headspacewonthaggi.org.au](mailto:referrals@headspacewonthaggi.org.au)

## Self-Referral

Young people can refer themselves to headspace Wonthaggi. Young people are encouraged to contact headspace Wonthaggi directly by either phoning, emailing or walk-in to the centre.

## Family and Friend Referral

Family, carers and friends can refer a young person to headspace Wonthaggi. Please contact headspace Wonthaggi directly by either phoning, emailing or walking in to the centre.

## headspace Wonthaggi Referral Form

### Young Person's Details

Has the young person consented to this referral?  Yes  No

|                   |                                                                                                                                    |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Name              |                                                                                                                                    |
| Address           |                                                                                                                                    |
| Date of Birth     |                                                                                                                                    |
| Phone Number      |                                                                                                                                    |
| Gender            | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other: |
| Cultural Identity | <input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> CALD                                        |

### Referring Service Details

|                          |  |
|--------------------------|--|
| Date of Referral         |  |
| Name                     |  |
| Address                  |  |
| Organisation             |  |
| Position in Organisation |  |
| Phone Number             |  |
| Email                    |  |

Reason for Referral

Please include any information which may be useful to assist with the referral (e.g. mental health, drug and alcohol, vocational / educational or physical health including past / current risk assessments).

Does the young person:

• have an existing GP?  Yes  No  Unsure

If yes, please detail: \_\_\_\_\_

• have an existing Mental Health Treatment Plan?  Yes  No  Unsure

• require an interpreter?  Yes  No  Unsure

• Preferred location

### Risks to Worker Safety

Please include any known risks and current management strategies: